

## Address

ON

THE ADVANCES IN OBSTETRIC MEDICINE  
DURING THE LAST TWELVE YEARS.*Delivered at the Annual Meeting of the Obstetrical Society,  
January 5th, 1871,*

By GRAILY HEWITT, M.D., F.R.C.P.

GENTLEMEN,—The present appears to me an appropriate occasion for reviewing the advances in obstetric medicine during the last twelve years. I think it can be shown that this Society has, so far, most completely fulfilled its objects in respect to the advances it has made and the improvements it has introduced in the practice of obstetrics. Embracing the whole field of obstetric work, my observations must necessarily be brief, and, as regards particular subjects, of an extremely summary character. Necessarily, also, my individual judgment on the progress made in special departments or subjects is simply an individual judgment. I must ask, therefore, for your kind indulgence while I endeavour to pourtray what appear to me to be some of the more important advances in our science obtained during these twelve years of the Society's existence.

Much valuable information concerning the statistics of midwifery practice has been afforded by the papers of Mr. Bailey, Mr. Dunn, Mr. Mitchell, and Dr. Granville; while new and curious facts concerning the practice of midwifery in our Indian possessions have been furnished by the papers of Dr. Jackson and Dr. Shortt.

The general features of labour, and its management, have been the subject of several thoughtful essays. Dr. Hicks's paper on the condition of the uterus in obstructed labour will assist the practitioner in determining more accurately when and how to give assistance. Women perish as a consequence of labour more often from want of appreciation on the part of the attendant of the actual condition present than from any want of skill on his part.

Then we have had a philosophical inquiry as to the seat of the pain in labour by Dr. Sansom; a paper by Dr. Eastlake enforcing the practice of delivery of the placenta by means of external pressure—a real advance in practice; also a valuable and interesting account of the manner in which double monsters are usually delivered, by Dr. Playfair.

That valuable anæsthetic, chloroform, was introduced by our lamented colleague Sir J. Simpson before this Society was founded, but the proper and safe limitations to its use in midwifery practice have been discussed by us on several occasions. We have come—some of us, at all events—to recognise the fact that chloroform has a tendency to make labour “lingering,” that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air. Dr. Sansom has pointed out the great liability to the inhalation of poisonously high percentages of chloroform at high temperatures unless proper care be exercised. Mr. Ellis has given us new inhalers for effecting such mixtures. Dr. Kidd has given us, and has been the means of eliciting, much valuable information. The general conclusion I take to be, that in ordinary midwifery practice the anæsthetic should be diluted, that it should not be given to produce the full effect, and that in all cases rather excessive precautions against hæmorrhage are required when chloroform is given.

The vexed question as to the influence of ergot on the fœtus has been discussed in an elaborate paper by Dr. Uvedale West.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—the spondylolisthesis, or projection for-

wards of the last lumbar vertebra from caries or other disease of the bones beneath; first described in 1863 by Kilian, of Bonn. Dr. Barnes has contributed in our Transactions an exhaustive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare; but we shall probably hear of it more commonly now attention has been directed to its existence.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this Society done to further the use and efficiency of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to employ it; we do not consider the entrance of the blades into the uterus as prejudicial; nor do we object to the employment of slight degrees of compression to the foetal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on. Unquestionably, however, this Society has still work to do in urging this point on the attention of the profession.

Then, with reference to the *form* of the forceps, something must be said. The tendency has been, in this country at least, to employ an instrument too short in the blades. On the Continent they have not fallen into this error. Attention has been directed to this point in this Society; and our noble exhibition of obstetrical instruments has contributed facts of moment. There can be no doubt that the forceps should have tolerably long blades, and that it should have handles giving the operator some little power.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible. It is a real addition to our armamentarium. The new operation will not, of course, supersede the old one, which must still be practised in many cases.

Passing for a moment now to the destructive operations, intended, however, to save the mother, we come to the methods of diminishing the size of the foetal head. Here much has been done in our Society in the way of improvement. Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that the foetal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's to cut the head into segments by means of a very strong wire, worked by an adaptation of the écraseur mechanism.

Next we come to the operation of cephalotripsy. Before this Society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr. Braxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument. Many cases admit of the extremely advantageous employment of this method of delivery, with the

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5. Hannah W—, a domestic servant, was seen on July 5th, with acute suppuration of the left knee-joint, which had spread from the patellary bursa. The joint was laid freely open under a stream of carbolised water, and the cavity freely syringed out. The protective and carbolic plaster was applied, and the limb placed on a splint. The dressings were renewed every day until the 19th, during which time not a drop of pus was ever visible. On the 20th, as the lips of the wound were pointing and showing no inclination to heal, it was dressed with zinc ointment. On the 23rd the recovery was complete.

6. In an infant aged nine weeks, with acute suppuration of the right knee-joint, the joint was opened with precisely the same, or rather greater, precautions, and the carbolic treatment continued. The result was, however, very unsatisfactory. The antiseptic treatment seemed to have not the slightest influence in checking the suppuration, and the child died in a fortnight.

In the treatment of abscesses by the carbolic method I have been invariably unsuccessful, despite the most persevering and honest trials of Professor Lister's various methods of dressing, and all the precautions recommended by him. My opinion of the antiseptic treatment is that its merits have been greatly over-rated, and its good results, which are quite as uncertain as those of other means, are due more to the greater care taken of the cases, and to the exclusion of air.

Birmingham, January, 1871.

#### ON THE TREATMENT OF PHTHISIS PULMONALIS BY GLYCERINE AND INDIAN HEMP.

By A. BROSTER, M.D.

I HAVE selected the following case from my Case-book, for the purpose of illustrating the treatment during the various stages of the disease.

Aug. 21st, 1870.—Mrs. J—, aged twenty-seven, a tall, thin woman. She had always enjoyed good health till her marriage, two years and a half ago; had one child, healthy, but pale. Had been suffering from derangement of the liver and phthisis pulmonalis; had expectorated large quantities of matter; had a cough for some time. Had been suffering from diarrhoea more or less for three months, and never could get it stopped. She also had aphthous ulcerations of the mouth and gums about two weeks, and great depression. Was now unable, owing to swelling of the legs, to walk at all. Cold night-perspirations for months, burning of the palms of the hands and feet, and after the same flush as is now present. Chest slightly sunken in both subclavian regions; pectoral fremitus distinctly marked; resonant pectoriloquy distinct on both sides; respiration hurried. Ordered quinine, mercury with chalk, aromatic confection, and conium, in small doses, every four hours, with glycerine, Indian hemp, and stimulants intermediate; beef-tea, milk (fresh from the cow), and nutritious diet; cod-liver oil and iodine rubbed into the chest night and morning, and to wear flannel next to the skin.

Aug. 23rd.—Diarrhoea better; respiration less hurried. She considers herself slightly better. All continued.

25th.—This morning the appetite improved; mouth and throat, although troublesome, improved; had a good night; perspirations better; cough and expectoration decreased. To have champagne, stout, and cider for beverage.

28th.—Very much better; bowels much improved; mouth and throat decidedly better. Slept well last night; no perspiration; cough now slight, and also the expectoration. Mixture repeated, with a draught at night containing chlorodyne and decoction of Iceland moss.

27th.—Cold perspiration at night; pulse 92; constricted pain across the forehead. Ordered a pill to be taken every four hours containing three grains of oxide of zinc, with extract of hyoscyamus; the draught repeated at night.

Sept. 1st.—Is better in every respect, excepting that the gums are greatly swollen, she having been out and taken a slight cold. To have hot fomentations, and gargle containing dilute hydrochloric acid and chlorate of potash, with water, to be used three times a day.

12th.—Pulse 70; no perspirations; coughs only occasionally; mouth and throat better. Ordered the following mixture:—Tincture of Indian hemp, two drachms; gum acacia powder, three drachms; glycerine, two drachms; decoction of Iceland moss, eight ounces: an ounce to be taken three times a day.

Oct. 2nd.—Anticipates following her employment. Examined the chest: consolidated patch much decreased. No night-perspirations for some time. Pulse firm and less quick; tongue furred still; conjunctivæ yellow; no cough. Mixture and pills continued.

5th.—Going on well. All continued.

7th.—Still progressing favourably. Wants to leave off medicine. All continued.

9th.—Has left off taking medicine. Vesicular breathing distinct over the lobes of left side. Has been following her employment the last two or three days.

20th.—I have heard she is now doing well; only delicate. I have under my care at the present time a case of the same kind.

Williton, Dec. 14th, 1870.

#### SKIN-GRAFTING.

By R. W. GOLDIE,

ASSISTANT-SURGEON, CHORLTON UNION HOSPITALS.

EIGHT out of ten of the ulcers met with in every-day life, when subjected to the most ordinary remedies, rapidly get well. Of these remedies I may instance the following as among the chief—viz., rest, cleanliness, and caustic. The ninth ulcer will require for its cure appliances of a more powerful description, such as strong nitric acid, strapping skilfully and carefully applied, &c. &c., in addition to internal remedies and diet suited to the constitutional requirements and general condition of the patient.

The tenth ulcer—of which class there are, happily, few—will resist every known method of treatment, although persevered with for a great number of years, under the most favourable circumstances alike for surgeon and patient. It is for cases of this last description that skin-grafting promises at present to do so much, and it is because I have under my care at the present time an ulcer whose duration, position on leg, and antecedent treatment fully warrant me in calling it an *incurable ulcer*, that I venture to submit the following particulars of the case.

Lawrence D—, aged fifty-five, was admitted Oct. 15th, having an ulcer, somewhat club-shaped, situated in the front and lower part of the leg, eight inches long and ranging from two to four inches in breadth. He states that he injured his leg by falling against the sharp edge of a bucket twenty-eight years ago. He was treated for this and recovered; but eight years afterwards—i. e., in 1850—he again injured his leg in the same situation, since which time, although he has been treated in many institutions, including this one, he has received but little benefit up to the present. With such a history I felt it would be but idle waste of time to try any of the usual remedies in this case, and accordingly set about procuring a healthy surface for the purpose of grafting.

On October 22nd I transplanted from the skin of the back of the upper arm three small pieces, each the size of a pea, and bound them to the granulating surface with ordinary soap plaster. Ordered water dressing during the day, and zinc ointment at night, to be applied to the uncovered portions of the ulcer, with a bandage over all.

25th.—On removing the plaster, I found all three adhering; the bits of skin no longer looked white, but were of a reddish-blue colour, and elevated in the centre. Ulcer dressed as before.

In this, as in some of my other cases, no change took place for seven or eight days—the portions remaining perfectly visible in all my cases during this period,—when they rapidly began to increase in circumference, the margin of the ulcer also closing in with almost equal rapidity.

At the time of writing (16th), the two lower grafts are completely merged in the surrounding cicatrix; the upper one has increased to the size of a florin, and is united in one part to the surrounding new skin; the remainder of

the circumference and the margin of the ulcer are almost united.

I may here state that I have of late abandoned the use of scissors, and now employ dressing forceps and bistoury in procuring the grafts. The bistoury cuts more quickly and accurately, therefore less painfully. In my first case I bound the graft on with collodion; this proved useless, as graft and collodion were floated off by the discharge in twenty-four hours.

In conclusion, the value of Reverdin's discovery does not alone lie in enabling the surgeon to cure what have hitherto proved incurable ulcers, but also in curing them with unprecedented speed.

Manchester, November, 1870.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### CLINICAL RECORDS OF ANTISEPTIC DRESSING BY CARBOLIC ACID.

A CONSIDERABLE interval has elapsed since we last made any special record of the treatment of wounds by carbolic acid in the London hospitals. At that time this agent was very generally applied in some form or other, and under various conditions; and the practice of those hospitals in which the experiment was made with earnestness sufficient to afford reliable data appeared to encourage a persistence in the careful and studious application of the system. It appears, however, that in many of the hospitals this subject has not survived that first glow of interest which a new thing rarely fails to kindle; and it would be interesting to know how far this result has been due to the fact of experimenters not perceiving that the application of the antiseptic system, as Prof. Lister applies it, requires not only the mastery of a theory, but the practice of an art and an exercise of judgment which it is not possible to acquire casually in the course of one or two trials.

In endeavouring once more to direct attention to this system of dressing, it is not our object to pronounce a judgment on its merits, but, believing that carbolic acid is a powerful agent both for good and evil (as the following testimony sufficiently proves), rather to elicit what are the conditions which determine success in some cases, and failure or the production of positive harm in others. If we succeed in doing this, we think we shall contribute to an advance in the general knowledge of the subject.

#### ST. GEORGE'S HOSPITAL.

At this hospital, Mr. Holmes, after carefully observing its application by Prof. Lister, has given the carbolic antiseptic treatment a long and careful trial, which has been followed by such marked results as to raise it high in the esteem and confidence of the hospital staff. It has been found that the proportion of wounds that heal by first intention is decidedly greater than where no antiseptic is employed; in others, in which it has occurred, suppuration has been much less than might have been expected. It is a valuable safeguard against putrefaction, and it confers a remarkable immunity from surgical fever, and the other deviations from health which are apt to complicate the healing of wounds. Mr. Holmes's most marked successes have been in the treatment of abscesses, and in the conversion of compound into simple fractures.

#### MIDDLESEX HOSPITAL.

Mr. Hulke has applied the carbolic treatment to a variety of cases, with very good results; but he is not prepared to assert that it has any advantage over chloride of zinc, either as to the production of immediate union or in the maintenance of a healthy condition of discharges. He believes carbolic acid lotion (strength of two grains to the ounce) to be a very serviceable injection in chronic cystitis; the acid is not, he says, absorbed from the surface of the bladder, and in no case where it has been thus applied has he observed the train of symptoms and condition of urine which are said to be associated with its use.

#### LONDON HOSPITAL.

Mr. Couper has been kind enough to furnish us with the main results of the extensive trial which carbolic-acid dressing has received at his hands. Since September, 1869, he has used Lister's antiseptic dressing in about fifty important cases. The majority of them were conspicuous for the small amount of constitutional disturbance produced by very severe injuries. The patients after a few days were free from pain, they ate and slept well, and had an appearance of health by no means usual after extensive wounds. Measured by the thermometer, the wound fever was of short duration, and was occasionally absent altogether.

In some instances, the urine was black for one or more days after the first dressing, but in no case was the carbolic acid absorbed into the blood in such quantity as to cause symptoms of poisoning. Mr. Couper does not now regard the discoloration of the urine as of any moment.

The immunity from erysipelas and pyæmia was most marked. There did not occur one instance of pyæmia. One case only was attacked with erysipelas—a case of scalp wound, in which there was present an abrasion of the ear, which was not protected by any dressing; the swelling and tenderness distinctly spread from the face and neck to the scalp.

One patient took erysipelas nine days after the antiseptic dressing had been abandoned. He had recovered from an extensive compound fracture of the skull, in which the trephine had been used. Only one patch of skin granulations, less than half an inch broad, remained unhealed, when the carbolic dressing was laid aside in the belief that it had become too stimulant and prevented the granulations from drying up.

To apply the dressing successfully, it is, Mr. Couper believes, necessary to remember that carbolic acid is a stimulant as well as an antiseptic. If kept sufficiently long in contact with an open wound, so far from preventing the formation of pus, it stimulates granulations and increases and prolongs suppuration.

The aim should be to secure the antiseptic action without any stimulation of the wound. Generally this is best attained by stitching the skin edges accurately together with fine carbolised silk. By this means the skin itself is made to shield the deeper portions of the wound from stimulation.

The experiment of dressing two similar wounds of the calf—for which no stitches were used,—the one with strips of wet lint, and the other with Lister's dressing, showed the process of filling up by granulation to be materially slower under carbolic dressing thus used (or misused) than under wet lint.

Mr. Couper's experience further tends to show that an antiseptic state of the fluids within a wound is but one of many conditions necessary for union without pus. Complete apposition of the surfaces, and the absence of all gliding of one surface on the other, are at least as essential. Unless these conditions be secured the antiseptic is powerless to prevent suppuration. For this reason deep sutures often contribute to complete success. Carbolised catgut is the most suitable material for this purpose.

Seven out of eight successive cases of compound fractures of long bones were converted into simple fractures, either with or without a small patch of surface granulations, which dried up slowly. There was no pus given out, except from the surface granulations, and its amount was insignificant. The eighth case made an excellent recovery after exfoliation of a portion of the tibia. Suppuration was delayed for nearly three weeks, and the wound continued antiseptic after its occurrence.